



**FY 98**  
**DCMC MID-LEVEL DEVELOPMENT PROGRAM**



**INSTRUCTIONS FOR COMPLETION OF THIS FORM**

This is a six page application. Make certain you complete and submit the entire application, as incomplete applications cannot be rated. The form provides sufficient space for all of the information necessary; **additional pages are not to be attached.** Only the information included in the spaces provided on the form will be evaluated.

In addition, please submit your most recent:

1. Notification of Personnel Action, Standard Form 50-B
2. Performance Appraisal, DLA Form 46

**PRIVACY ACT NOTICE**

This application is designed to provide the information needed by Human Resources to rate your application for the DCMC Mid-Level Development Program. Failure to provide the requested information will eliminate you from consideration for the DCMC Mid-Level Development Program.

**CERTIFICATION OF ACCURACY**

I hereby certify the information contained in this application is, to the best of my knowledge, true and correct. I understand that failure to complete any part of this application could adversely impact my score and that falsification of any part of the application may be grounds for disciplinary action. I also understand that the information I provide may be verified with my supervisor or against my Official Personnel Folder.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

<b>APPLICATION INFORMATION</b>	<b>SOCIAL SECURITY NUMBER</b>
<b>NAME</b>	<b>HOME PHONE</b>
<b>HOME ADDRESS</b>	<b>OFFICE PHONE</b>
<b>CITY</b> <b>STATE</b> <b>ZIP CODE</b>	<b>OFFICE SYMBOL &amp; LOCATION</b>
<b>CURRENT TITLE, SERIES, AND GRADE</b>	<b>OFFICE ADDRESS</b>
<b>SUPERVISOR'S NAME</b>	<b>PHONE NUMBER</b>

**CERTIFICATION OF ELIGIBILITY (To be completed by Human Resources)**

I certify that the applicant is a non-supervisory GS-11 or GS-12 in the Acquisition Workforce as specified in the Training Opportunity Announcement and meets the eligibility requirements for the DCMC Mid-Level Development Program.

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date

<b>NAME:</b>	<b>OFFICE MAILING SYMBOL:</b>	<b>PHONE:</b>
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## **EMPLOYMENT HISTORY**

### **EXPERIENCE**

List your current position first and work backwards listing four previous positions.

NO.	TITLE, SERIES, AND GRADE	FROM (MM/YY)	TO (MM/YY)	SALARY	EMPLOYER'S NAME, ADDRESS, & PHONE NO.
1.					
2.					
3.					
4.					
5.					

### **DUTIES**

Briefly summarize your current position by describing the duties you perform.

### **PERFORMANCE RATINGS**

Indicate your last 3 raw score numeric ratings in the boxes provided. In addition, please attach a copy of your most recent performance appraisal.

RATING	DATE	POSITION	RATING	DATE	POSITION

<b>NAME:</b>	<b>OFFICE MAILING SYMBOL:</b>	<b>PHONE:</b>
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### AWARDS

List any performance awards (e.g., Quality Step Increases, Sustained Superior Performance, Special Act, Meritorious Civilian Service Award) and any other recognition (e.g., Letter of Appreciation, Suggestion Certificate, On-the-Spot Award) you have received in the last five years of Federal Employment.

NO.	TYPE OF AWARD	DATE MM/YY	SUPERVISOR'S NAME AND PHONE NO.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### EDUCATION

List all education above the high school level.

SCHOOL	# HOURS SEM	QTR	TYPE OF DEGREE	YEAR OF DEGREE	GRADE POINT AVERAGE

### COURSE OF STUDY

List major subject areas, number of credits, and whether undergraduate (U) or graduate (G) level.

SUBJECT	# Hours	Level	SUBJECT	# Hours	Level

### TRAINING

List training you have received which is related to your position. Include technical and developmental courses.

COURSE TITLE	# Hours	Dates	COURSE TITLE	# Hours	Dates

<b>NAME:</b>	<b>OFFICE MAILING SYMBOL:</b>	<b>PHONE:</b>
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**KNOWLEDGE, SKILLS AND ABILITIES**

**KSA INSTRUCTIONS**

Complete all the following KSAs. Refer to the Training Opportunity Announcement (SQS). Do not attach additional sheets.

**KSA #1: ABILITY TO PLAN AND ORGANIZE**

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**KSA #2: ABILITY TO DEAL EFFECTIVELY WITH OTHERS**

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<b>NAME:</b>	<b>OFFICE MAILING SYMBOL:</b>	<b>PHONE:</b>
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**KSAs, Continued**

<b>KSA #3: ABILITY TO COMMUNICATE ORALLY</b>
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<b>KSA #4: ABILITY TO COMMUNICATE IN WRITING</b>
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<b>NAME:</b>	<b>OFFICE MAILING SYMBOL:</b>	<b>PHONE:</b>
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**OBJECTIVES** (To be completed by applicant)

Why are you applying for the DCMC Mid-Level Development Program? How will you apply the information acquired in the program to enhance future leadership activities.

**SUPERVISORY ENDORSEMENT**

I have read the informational pamphlet on the Mid-Level Development Program (MLDP) and understand that the intent of this program is to provide candidates with cross-training assignments and formal training to develop an overall understanding of DCMC, and develop those competencies needed to lead DCMC into the future. I endorse this candidate for the MLDP and I am confident that the employee will use this training program to contribute to the success of DCMC.

<b>1ST LINE SUPERVISOR</b>	<b>DATE</b>	<b>2ND LINE SUPERVISOR</b>	<b>DATE</b>
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